REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 13 May 65 2 Serial/Patent # 10-578-969				
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing		12/21/05	\$ 100	
Amendment	Ï		\$	
Extension of Time			\$	
Notice of Appeal/Appeal			\$	
Petition			\$	
Issue			\$	
Cert of Correction/Terminal Disc.			\$	
Maintenance			\$	
Assignment			\$	
Other			\$	
		7 TOTAL AMOUNT S 100		
	8 TO BE	REFUNDED 1	BY:	
10 REASON:		Treasury Check		
Overpayment	Credit Deposit A/C #:			
Duplicate Payment	9	9 14 1263		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:  TYPED (PRINTED NAME: ANITA JOHNSUR TITLE: PORALOGAL)				
TYPED/PRINTED NAME: 11114 ONUSON TITLE: 1000000000000000000000000000000000000				
OFFICE:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B